



**State of Louisiana**  
DIVISION OF ADMINISTRATION  
**OFFICE OF RISK MANAGEMENT**

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GOVERNOR

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COMMISSIONER OF ADMINISTRATION

**THE FOLLOWING ARE QUESTIONS SUBMITTED BY AV INTERNATIONAL, INC.**

Please identify the present administrator of workers compensation claims for the State of Louisiana.

--The State of Louisiana is self-insured. The Office of Risk Management is the administrator of workers' compensation claims for the State of Louisiana.

Please identify the entity currently responsible for the State of Louisiana's Second Injury Fund application process.

--The Office of Risk Management utilizes Reimbursement Consultants, Inc. to handle its Second Injury Fund application process.

Please advise the approximate number of new claims referred to the Second Injury Fund in the last three program years.

| Calendar Year           | SIF referrals |
|-------------------------|---------------|
| 01/01/2002 – 12/31/2002 | 141           |
| 01/01/2003 – 12/31/2003 | 189           |
| 01/01/2004 – 12/31/2004 | 135           |

Please specify the physical office address(es) where on-site claim file reviews are to be performed.

--The Office of Risk Management's main office is in Baton Rouge, Louisiana with satellite offices for workers' compensation in Shreveport, Alexandria and Lafayette.

Will both paper and electronic files be available for review?

-- Yes.

Please provide a copy of the ORM guidelines referenced in 3.3.1.

--The office of Risk Management requires the contractor to conduct on-site review of claims on a quarterly basis to identify new claims with second injury fund potential as well as gather needed documentation to request reimbursement on existing accepted fund claims.

Please provide the total number of workers' compensation claims files with ORM during the last three program years, stated separately by program year. Please exclude "report only" claims if possible.

| Calendar Year           | New claims received |
|-------------------------|---------------------|
| 01/01/2002 – 12/31/2002 | 5286                |
| 01/01/2003 – 12/31/2003 | 5379                |
| 01/01/2004 – 12/31/2004 | 4906                |

Please provide the approximate number of indemnity claims filed with ORM during the last three program years, state separately by program year.

| Calendar Year           | Indemnity claims received |
|-------------------------|---------------------------|
| 01/01/2002 – 12/31/2002 | 914                       |
| 01/01/2003 – 12/31/2003 | 1038                      |
| 01/01/2004 – 12/31/2004 | 968                       |

Is a "post offer-of-employment medical inquiry" form required of new employees? If yes, at what interval is the form updated on current employees?

--"ORM will be requiring each new hire or employee who does not have an existing E-2 form on file to complete one." "In the near future, ORM anticipates requiring that current employees complete a new form on a regular basis, such as every two years."

How will contractor be provided notice of employers' knowledge of employee's pre-existing permanent partial disability? Will inquiry on a claim-by-claim basis be required or will contractor be provided with employer's available documentation on all employees?

--Contractor will be required to secure employer knowledge directly from the employer who will have possession of the post offer-of-employment medical inquiry.

--This inquiry will be made on a claim-by-claim basis.

**THE FOLLOWING ARE QUESTIONS SUBMITTED BY REIMBURSEMENT  
CONSULTANTS, INC.**

1. The current contract between The Office of Risk Management and Reimbursement Consultants, Inc. states that "If at termination there shall exists any cases which have been assigned to Contractor but have not yet generated partial or full reimbursement, Contractor shall remain entitled to a contingency fee at such time as any reimbursements may be received."

- a. The wording of Section 3.3 number 10 on page four appears in conflict with this provision. **Will the Office of Risk Management resolve this conflict by amending this item by adding, “except those claims previously assigned to the current Contractor”?**

No.

- b. **Since the absence of this provision in any new contract will create an unjustified windfall for future proposers in future bids, will a new contract contain this provision?**

The new contract will be based on the provisions specified in RFP #1001WCSIF.

2. Section 3.3 number 13 on page four outlines the invoice procedure when reimbursements are received by the Contractor. Section 3.4 number 2 requires a monthly invoice with an itemization of all potential recoveries. We cannot generate an invoice based on potential recoveries. **Is this requirement actually asking for a monthly report of all reimbursements submitted to the Fund and pending payment by the Second injury Fund along with the additional information outlined?**

Yes.

3. Section 3.3 number 8 states that the proposer must agree to the use of a computer system to maintain an on-line, six (6) month minimum history of all recoveries. The Second Injury Fund maintains this information on its website and can be reviewed at any time by The Office of Risk Management.  
**Will the Office of Risk Management waive this requirement if the information available through the Fund’s website satisfies the Office of Risk Management’s needs?**

No. While the information that is provided on the Second Injury Fund’s website will be useful to the Office of Risk Management, the Office of Risk Management will still require the successful contractor to maintain a history of all work done on behalf of the ORM.

The Second Injury Fund’s interactive website is: <http://domino.ldol.state.la.us/sib.nsf/SibHome?OpenForm> – click the View Claim Information button, then for ORM’s claims enter the Username: RCI ORM, and the password: 01790-0. Claims are listed by the SIF claim number. The data available includes reimbursements, with a breakdown by medical & indemnity on the “payments” screen and any non-eligible expenses on the “medical” screen.

The website where you can check on payments to ORM from the Second Injury Fund is <https://isbwwwprod2.doa.louisiana.gov/vendsearch/index2.cfm>. They would have to enter their Federal Tax ID number and then click on “select all” above the first column, then the “payee search” button. On the next screen, under optional selection criteria, from the drop-down list, select “475 – Office of workers compensation”, then click the “find payments” button.

**If the Office of Risk Management continues with this requirement, Please address the following:**

**a. What format is preferred?**

ORM will accept any format as long as they can produce the reports that ORM requests.

**b. What are the details of information required?**

Number of claims reviewed.  
Number of claims submitted to SIF  
Number of claims accepted by SIF  
Number of claims rejected by SIF  
Dollar amount of anticipated recovery by SIF by submission

**c. Is a searchable data base required?**

Yes.